



# IN TOUCH

## *Turning on Optimism*

Every person who succeeds against the odds is probably optimistic. Optimism isn't about naive beliefs or magical thinking about a positive outcome. Instead, optimism recognizes reality, but makes adjustments along the way. The energy you see in optimistic people comes from the belief that a positive outcome will eventually be achieved. Positive beliefs create excitement and energy causing optimistic people to work harder. Optimistic people often imagine outcomes that may be beyond what is actually achieved, but this tendency makes optimistic people hurdle roadblocks and avoid feeling discouraged when the going gets tough. With optimism, you can tolerate the drudgery often necessary to make a positive outcome likely. The good news is that human beings are naturally optimistic because it is an aid in survival as a species. This means the ability to be optimistic can be rediscovered, uncovered, or learned if it is lacking. Talk to the EAP to learn more.

## *The Art of "Calendaring"*

Don't get mad at your appointment calendar—get even. If you find it difficult to fit personal time into a hectic schedule, assign dates and times for fun events throughout the month that will give you a lift and the feeling of balance you want.



*Helping people lead healthier lives*

## *Attitude Adjustment Power*

Sometimes our attitude toward our experiences and the environment causes most of our stress. If we change our attitude, the stress lessens or goes away. Do you find yourself asking questions like, "How can I act or think differently about this situation?" Or, "How does my coworker stay so calm with the type of customers who come in here?" If so, consider this simple approach to attitude adjustment.

**Step 1** (the most important): Decide that you want a new attitude and what it will be.

**Step 2:** Find people (*models*) with the positive attitude you want and ask questions. How do they think about this person or situation? What thoughts go through their mind when a particular situation occurs? Tell them how you think about it, and ask why they don't think similarly. (Your beliefs will begin to change by listening to the testimony of another person who has successfully mastered your goal of attitude change.) Keep asking questions until you see your model's logic.

**Step 3:** Imagine responding with the new attitude. Compare the new attitude with the old attitude. This is called "mental rehearsal."

**Step 4:** Practice Step 3 daily. You will need a technique to remind yourself to practice because you are fighting natural resistance to change.

There is a lot more to learn about attitude change. The EAP can help.

# *Seasonal Affective Disorder (SAD)*

As we recover from the holidays, some of us heave a contented sigh of relief while others may experience a post-holiday let down. The lights have been taken down from the trees and the reality of long dark nights between now and spring hits. Bills from holiday expenditures come due. January and February are often peak busy times for counselors, as people who are suffering from the symptoms of various degrees of depression or seasonal affective disorder (SAD) call for appointments.

Winter, with its darkness and overcast skies, especially in northern climates, can make some people feel quite broody and quiet. This is actually a normal response to external conditions. People may tend to mistake this seasonal slowing down and inwardness for depression.

We are not just quibbling over semantics here; the words we attach to things are important. Labels are powerful; they can take a normal state and make it feel like pathology. Be careful of the words you use: are you really depressed, or simply slowed down and actually quite content in your slowness? If your feelings are more in the range of quiet, slow, and inward; if you feel like being still or curling up with a book, you are not depressed. It is a perfectly healthy winter state of being, one that can be enjoyed rather than feared. All mammals slow down during the cold months. Why should we be different?

The feelings of “winter blues” can be exacerbated by the fact we think we are supposed to be bright and cheery, like the TV ads with shiny, happy people at the holidays. It’s all about romance, family togetherness and sugar plum fairies, when in fact many people feel stressed by time and financial constraints, the difficulties of dealing with families that may or may not be together, etc.

SAD is more than what I’ve called “quietude” (the desire to make soup, sit on the couch by the fire with a good book) or “the blahs.” The symptoms can be quite severe to the point that they affect your day-to-day functioning and your most important relationships.

Research at the National Institute of Mental Health (NIMH) done by Dr. N. Rosenthal and colleagues has shown that the symptoms of SAD can be predicted by the number of daylight hours in a given day. In other words, SAD symptoms increase as the daylight hours decrease, and symptoms decrease as the daylight hours increase.

Seasonal Affective Disorder affects some six percent of people severely and another 10-20% mildly. For obvious reasons, it is more common in northern geographic regions. Scientists believe that it is in part a function of the pineal gland at the base of our brain. This very small gland produces melatonin, a hormone that indirectly causes our body temperature to drop. Our blood carries more melatonin when there is less light. More light, less melatonin.

## **Symptoms of Seasonal Affective Disorder**

Symptoms of SAD come back year after year, and tend to come and go at the same time of year every year—usually in the darkest months. Some symptoms of SAD include:

- A change in appetite, especially a craving for sweet or starchy foods;
- Weight gain;
- A heavy feel in the arms or legs;
- A low energy level;
- Fatigue;
- A tendency to oversleep;
- Difficulty concentrating;
- Irritability;
- Increased sensitivity to social rejection; and
- Avoidance of social situations.

## **Treatment for SAD**

Scientists believe that the cause of winter depression is the body’s reaction to a lack of sunlight. Some people deal with the symptoms listed above by getting outside during the peak daylight hours of the day. Physical activity helps tremendously.

*Continued*

## *SAD (cont.)*

Bright Light Therapy (BLT) under special broad spectrum lights is another recognized form of treatment. Thirty minutes to several hours a day are spent in front of a light box, or wearing a light visor.

Some people who are really bothered by the symptoms of SAD routinely go on antidepressants in the fall as the light wanes, and taper off as it returns. It's important to know there ARE options.

Your own honest self-appraisal is most likely the best. If you are down and have low energy, check in with yourself. Is this a problem that needs treatment or is it a seasonal fluctuation of energy that can be attended to comfortably by simply paying attention and honoring your inner wisdom? Do you need therapy, medication and/or a light box or perhaps simply some quiet time? Our society is not one that praises inwardness and quiet contemplation, yet that may be the healthiest option for you at some times. Great poetry and big creative changes can come from quiet, inward times.

### **Hints for Avoiding the Winter Blahs**

- If you realize that you have a regular and bothersome seasonal dip, be proactive—don't wait until you are down to do something about it.
- Plan active and enjoyable events to balance the quiet couch time.
- Establish a mental set that reframes "lethargy" into "quietude" and see if you feel differently about yourself.
- Stay active outdoors if at all possible in the winter—bundle up and go!
- Engage in pleasurable activities that fit your energy level—it's a great time of year to do quiet projects at home.
- If you feel yourself sinking, and are worried, get help! You are in good company, do not be ashamed.

*By Nancy Seldin, MPH, EdD*

## *Alcohol Abuse: Heavy Drinking and Prevention*

An August 2004 report from the Center for Disease Control and Prevention says 75,000 people die each year from alcohol abuse. Excessive drinking is the third most preventable cause of death in the United States after poor diet and lack of exercise, and smoking. About 34,000 people die every year from cirrhosis of the liver, cancer and other diseases linked to drinking too much beer, wine, and spirits. (Many physicians who specialize in treating alcoholism and addictive disease believe that the number of deaths from alcohol abuse is probably higher because it is frequently not attributed to a person's cause of death, although it is a factor.) More than 40,000 people die from car crashes. Expect family doctors to begin asking more questions about drinking than in years past—the CDC is aiming to cut the rate of alcohol-related driving fatalities by 32 percent before 2010. What you may not know: Heavy drinking is considered more than two drinks daily. That's for men. For women, more than one drink per day is defined as heavy drinking. "One drink" equals about one shot of spirits, one beer, or approximately four ounces of wine.

[www.CDC.gov](http://www.CDC.gov); August 5, 2004 Fact Sheet Update

## *Helping to Prevent Suicide*

Suicide is the second-leading cause of death among college students, but many colleges have limited resources for helping students deal with this pressing issue. Research shows that 90 percent of college students (and others) who take their own lives have a diagnosable mental illness, usually depression. Substance use disorders also contribute greatly to suicide risk. The American Foundation for Suicide Prevention's recommendation: Be alert to signs of open aggression, anxiety, or agitation in a young person who is also depressed. Let the young person know that treatment is available. Encourage him or her to seek help. The EAP can provide you with information on the signs of risk for suicide and depression so you can better play an intervening role.

Source: American Foundation for Suicide Prevention

## *Beat the Flu*

The unavailability of flu shots is big news. Since you may be on your own when it comes to prevention, follow these tips to help ward off this seasonal malady:

- 1) Avoid getting run down and overtired from lack of sleep, and weakening your immune system by not getting the proper nutrition.
- 2) Wash your hands frequently, especially if you interact with the public. Flu germs can live for hours on surfaces people touch. Consider keeping a hand sanitizer nearby, and use it when soap and water aren't available.
- 3) Manage stress. It can weaken your immune system.
- 4) Get regular exercise. It will boost your immune system.
- 5) Avoid rubbing your face, eyes, and nose with your fingers.

Do your co-workers a favor and stay home from work if you are ill with the flu.

## *Yawning—Nothing to Sneeze At*

Is yawning a clue to a sleep disorder? It might be if you regularly feel un-refreshed, even after waking from a full night's sleep. Do you fall asleep easily during your waking hours, while at home or work? Are you a loud, habitual snorer? Has your bed partner witnessed you choking, gasping, or holding your breath during sleep? Do you often suffer from poor concentration or judgment, memory loss, irritability, and/or depression? See your doctor to learn more, or ask the EAP about resources in your community.

Source: <http://www.sleepapneainfo.com>

To speak with an EAP professional,  
please call:

**800.765.0770**